

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/937550</b>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/			51			
2	/		/			52			
3	0		/			53			
4	0		/			54			
5	0		/			55			
6	0		/			56			
7	0		/			57			
8	0		/			58			
9	0		/			59			
10	0		/			60			
11	0		/			61			
12	0		/			62			
13	0		/			63			
14	0		/			64			
15	0		/			65			
16	0		/			66			
17	0		/			67			
18	0		/			68			
19	0		/			69			
20	0		/			70			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	/		/			TOTAL IND.			
TOTAL DEP.	20	↔	20	↔		TOTAL DEP.			
TOTAL CLAIMS	21		21			TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS